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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30101

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin 3102 E 9th st
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community Not long a few weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Granby, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosa Bullington

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Monroe Bullington
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 27 1877 (Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Vanhorn
13. Birthplace Arkansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cassie Patterson
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Roy Bullington
(b) Address Carl Junction, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 4th 48 (Month) (Day) (Year)
(c) Place: burial or cremation Diamond Cemetery
18. (a) Signature of funeral director Bennett & Wormington
(b) Address Neosho, Missouri
19. (a) 10-4-48 (Date received local registrar) (b) C. W. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st year 1948 hour 11 15 minute P M.
21. I hereby certify that I attended the deceased from Aug 22, 1948 to Sept 28, 1948 that I last saw her alive on Sept 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Renal Insufficiency — Duration 2wks
Due to Chronic Diffuse glomerular nephritis
Due to
Other conditions Fracture Rt hip Aug 21 1948
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Charles O. Chastain (M.D. or other) DO
Address Granby Mo Date signed 10-3-48

1381-0

(Licensed Embalmer's Statement on Reverse Side)

48-10-847

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
M—3-45
P I X43880

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30101

Registration District No. 156 — Primary Registration District No. 2201 — Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosa Bullington
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Wd
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased April 2 (Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days Unless less than one day hr. min.

9. Birthplace (City, town, or county) No (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Fracture rt. hip
(b) Date of occurrence Aug 21, 1948
(c) Where did injury occur? Granby (City or town) Newton (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fall

23. Signature Chas O Chase (M. D. or other) DO
Address Granby Mo. Date signed 10-31-48

S-30101